

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000000198

1. Entity Name  
NEW GRAF PAIGE AND ASSOCIATES, INC.

FILED  
Apr 24, 2000 8:00 am  
Secretary of State  
04-24-2000 90079 042 \*\*\*\*70.00

Principal Place of Business      Mailing Address  
1460 N.W. 79 STREET      1460 N.W. 79 STREET  
MIAMI FL 33147      MIAMI FL 33147-5370

2. Principal Place of Business      3. Mailing Address  
7711 N.W. 13th Court      7711 N.W. 13th Court  
Suite, Apt. #, etc.      Suite, Apt. #, etc.  
apt 2      apt 2  
City & State      City & State  
Miami, Florida 33147      Miami, Florida 33147  
Zip      Zip  
33147      33147  
Country      Country  
Miami-Dade      Miami-Dade



DO NOT WRITE IN THIS SPACE

4. FEI Number      Applied For  
NOT APPLICABLE      Not Applicable

5. Certificate of Status Desired      \$8.75 Additional Fee Required  
☒      ☐

6. Name and Address of Current Registered Agent  
PAIGE, GRAF      New Address  
1460 N.W. 79 STREET      7711 N.W. 13th Court  
MIAMI FL 33147      Miami, Florida 33147

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City      FL      Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.  
SIGNATURE *graf paige*      DATE *april 4th 2000* *(305) 957-7598*  
Signature, typed or printed name of registered agent and title if applicable.      (NOTE: Registered Agent signature required when reinstating)      DATE

FILE NOW: FEE IS \$61.25      9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees      Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
PD PAIGE, WILLIAM G 1460 N.W. 79 STREET MIAMI FL 33147	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
VD GOOD, HARRY E 1460 N.W. 79 STREET MIAMI FL 33147	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
SD SLADE, SCHALLOT C 1460 N.W. 79 STREET MIAMI FL 33147	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.  
SIGNATURE: *graf paige*      DATE: *april 4th 2000* *(305) 957-7598*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #